



Request for Preliminary Examination

Please Type Requested Information

Candidate _____
Last First Initial

Date of Examination _____ Program _____

Major field _____ Minor field _____

Anticipated graduation date Summer Fall Spring 20_____

This completed form must be received by the School of Public Health two weeks prior to your planned defense date. Copies of your Prospectus must also be circulated to committee members two weeks prior to your preliminary examination.

Recommended Graduate Committee	
Name	Department
<i>(Advisor)</i>	

Approvals

Signature of Program Director Date _____

Signature of Dean of the School of Public Health Date _____